

VIRGINIA SQUITIERI
DIRECT: (212) 453-0772
VSQUITIERI@GRSM.COM

GORDON & REES
SCULLY MANSUKHANI
YOUR 50 STATE PARTNER™

ATTORNEYS AT LAW
1 BATTERY PARK PLAZA
28TH FLOOR
NEW YORK, NY 10004
PHONE: (212) 269-5500
FAX: (212) 269-5505
WWW.GRSM.COM

June 2, 2023

VIA MAIL & E-MAIL – npalazzo@definolawyers.com

De Fino Law Associates, P.C.
2541 S. Broad Street
Philadelphia, PA 19148

Attn: Nicholas L. Palazzo, Esq.

Re: **Patricia Bevins; Fabuloso Multi-Purpose Cleaner Recall**

Dear Mr. Palazzo:

Our office has been hired to assist Colgate-Palmolive Company (“Colgate”) in collecting information pertaining to claims involving the Fabuloso recall. We are in receipt of your correspondence dated May 22, 2023 relative to Patricia Bevins.

In order for us to process and assess this claim, we have enclosed a Consumer Data Form to be completed and returned to us along with photographs and other supporting documentation identified therein. We would appreciate your client completing and returning the form within twenty (20) days.

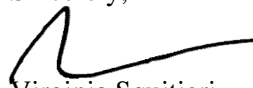
As more fully identified in the attached document, we request that any supporting documentation be provided contemporaneously with the Form to the extent it is available. This includes any proof of purchase of the Fabuloso product; photographs of the product; and, all medical records related to your client’s claim associated with the recall.

Please send the completed Consumer Data Form and materials by email to:

Virginia Squitieri:	vsquitieri@grsm.com
Erik DiMarco:	edimarco@grsm.com
Nunzio Moudatsos:	nmoudatsos@grsm.com

Thank you in advance. We look forward to discussing this matter more fully with you.

Sincerely,



Virginia Squitieri

Enclosures (as indicated)

CONSUMER DATA FORM			
CONSUMER INFORMATION			
Full Name: Patricia Bevins	Sex : <input type="checkbox"/> xFemale	Date of Birth: 5/18/91	Weight:
			<input type="checkbox"/> LB <input type="checkbox"/> Kg
Mailing Address and email address: C/o 2541 S. Broad Street, Phila., PA 19148		Marital Status: Single	
Telephone Number : C/o 215 551 9099		Spouse's Name (if applicable):	
FABULOSO PRODUCT INFORMATION			
Name of Fabuloso product(s) involved: see receipts and product paper work attached relating to Multipurpose			
Scent and color of the Fabuloso product(s) involved:			
Where was the Fabuloso product(s) purchased? <i>If you have a receipt or invoice showing proof of purchase, please provide contemporaneously with this Form.</i> see attached			
Date the Fabuloso product(s) were purchased: see attached receipts			
If the Fabuloso product(s) were purchased by anyone other than the Consumer, please provide the purchaser's full name and address: Product purchased by someone else and used by the consumer, Patricia Bevins.			
Do you still have any Fabuloso products in your possession? If yes, please identify the quantity of products in your possession and visit Fabuloso® Recall.com for more information. If no, please advise how and when they left your possession. <i>To the extent that you have a Fabuloso product in your possession that you believe is part of the recall, please provide photographs of the container from all angles and make sure that any writing on the container is captured in the photographs.</i> No.			
What is the UPC and lot/manufacturing code number on the Fabuloso product(s)? Unknown. See Documentation and photos attached.			

EVENT INFORMATION

1.	When did you first use the Fabuloso product(s) that you believe are a part of the recall? January of 2023 or thereabout
2.	How many times / how frequently did you use the product? frequently, multiple times per week
3.	Where did you use the product? work
4.	Did anyone witness you using the product? If so, please provide their names and addresses. yes, cleaning partner Lauren Watson
5.	Did you stop using the product? If so, please provide the last day of usage. some time around February of 2023
6.	Did you experience or exhibit any physical complaints/conditions from using the product? If yes, please provide more information here including identifying the symptoms exhibited and the date of onset: yes, dry, cracked, itchy, scarring
7.	If you answered "Yes" to question 6, above, did you seek medical attention? If yes, please provide dates and the names of all medical providers and hospitals. <i>Additionally, please provide all medical records in your possession related to your medical treatment associated with Fabuloso, and completed HIPAA authorization(s) for release of medical records contemporaneously with this Form.</i> yes, see medical records attached, we object to your request for a full HIPPA release.
8.	Have your symptoms and physical complaints since resolved? If yes, please provide approximate date. no continued discomfort, discoloration, scarring
9.	If you answered "Yes" to question 6 above, have you ever experienced those symptoms in the past? If yes, please explain.
10.	Do you have any preexisting medical conditions or diseases? none relevant

 Claimant Printed Full Name

 Date

 Claimant Signature

 Date

 Attorney Signature

 Date